

Box Number(s) <u>1809</u>	
<b>Application for Post Office Box™ Service</b> <i>Fill out all non-shaded fields, and take this application to the Post Office™.</i>	
1. This service is for (Required selection): <input checked="" type="checkbox"/> Business/Organization Use <input type="checkbox"/> Residential/Personal Use	
2. Name of Business/Organization (if applicable): <u>Curbside, Wines &amp; Shots</u>	
3. Name of Person Applying (Last, First, MI — include title if representing a business/organization): <u>Penderglass, Allen</u>	
4. Address: Number, Street, Suite <u>441 Hwy 279</u>	
City <u>Fayetteville</u> State <u>GA</u> ZIP+4 <sup>®</sup> <u>30814</u>	
5. Telephone Number (Include Area Code) <u>(614-571-7640</u>	6. Email Address <u>Penderglassallen@gmail.com</u>
7. Box Size(s) (Required) See page 1 for details <input type="checkbox"/> Size 1 <input type="checkbox"/> Size 2 <input type="checkbox"/> Size 3 <input type="checkbox"/> Size 4 <input type="checkbox"/> Size 5	
8. Applicant must select and enter the ID Number for two items of valid identification listed below. You must present the IDs at a Post Office. One item must contain a photograph and one must be traceable to the bearer (prove your physical address). Both must be current. Select one photo ID: <input checked="" type="checkbox"/> Valid driver's license or state non-driver's ID card <input type="checkbox"/> Armed forces, government, university, or recognized corporate ID <input type="checkbox"/> Passport, passport card, alien registration card, or certificate of naturalization Photo ID Number: <u>051902322 12-06-548</u>	
Select one non-photo ID: <input type="checkbox"/> Current lease, mortgage, or deed of trust <input type="checkbox"/> Voter or vehicle registration card <input type="checkbox"/> Home or vehicle insurance policy Non-Photo ID Number: <u>GH INSURANCE</u> <u>GHIA-202083140</u>	
Verify initials for Post Office Use Only: <u>APB</u>	
9. On the back of this form, list the name(s) of all individuals, including members of a business, who will be receiving mail at this (these) PO Box number(s).	
10. On the back of this form, list the names of the persons or representatives of the business/organization authorized to pick up mail addressed to this (these) PO Box number(s).	
<b>Optional Automatic Renewal Payment — Terms and Agreement (Required for 3-month payment option)</b> By initialing below and establishing automatic renewal payments at a Post Office, I hereby authorize the U.S. Postal Service® (USPS®) to charge my credit card for the amount of my designated box size per USPS pricing on the scheduled interval I have selected (i.e., 3, 6, or 12 months). This charge could appear on my credit card statement as early as the 15th of the month prior to the due date. If I provided my email address, I understand that I will receive email notification at least 10 days prior to the actual credit card charge. I will also receive a payment due notice in my PO Box before the payment due date. I understand that I may cancel the automatic payment option any time after the initial application/payment process is complete during the business hours at the Post Office where my box is located. If I do not cancel by the 14th of the month prior to the next payment due date, I understand that the payment will be charged to my credit card. I understand that if the payment cannot be transacted due to incorrect or obsolete payment information or the transaction would exceed the credit limit of the account, or the bank or credit card company rejects/returns the payment request, my PO Box may be closed and any mail received after closure would be returned to the sender. If my PO Box is closed for nonpayment, I understand that I could be charged a late payment fee to reactivate my PO Box service. If there are any changes to my credit card number, billing address, or expiration date, I agree to notify the Post Office where my box is located of those changes. I understand that this agreement will remain in effect until I or USPS terminates the PO Box service. The USPS may receive updated credit card account information from the institution that issued the card identified for payment. If I decide to close my PO Box, I must visit the Post Office where my box is located during business hours. (See the PO Box refund policy for information on refunds.) The USPS may terminate my participation under this automatic payment agreement in the event I provide incorrect, false, or fraudulent account information or if I have any returned payment items.	
Customer Initials <u>APB</u> Billing Address (if different from address in 4 above): Number, Street, Suite <u>441 Hwy 279</u> City <u>Fayetteville</u> State <u>GA</u> ZIP+4 <sup>®</sup> <u>30814</u>	
Application Date <u>10/09/2021</u> Number of Keys <u>2</u> Customer Eligible for No-Box Service <u>Yes</u> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>Signature of Applicant (Same as Item 3)</b> I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment. <u>Allen Penderglass</u>	
Post Office Date Stamp	

**Application for Post Office Box™ Service**

The Postal Service™ may consider it valid evidence that a person is authorized to remove mail from the box if that person possesses a key or combination to the box.

<p>11. Names of individuals (including members of a business) who will be receiving mail at this (these) PO Box number(s) are listed below.</p> <p>a. Residential/Personal Use – Each adult listed must present two forms of valid identification to the Post Office.</p> <p>b. Business/Organization Use – Each person listed must, upon request, present two forms of valid identification to the Post Office.</p> <p>A parent or guardian may receive the mail of minors by listing their names (no ID is required).</p>	<p>12. Persons or representatives of the business/organization who are authorized to pick up mail addressed to this (these) PO Box number(s) are listed below. All names listed must have verifiable ID and upon request, present this identification to the Postal Service.</p>
<p><i>Asset Financial Recovery Fund - PO 1809</i></p>	

**Privacy Act Statement:** Your information will be used to provide Post Office Box™ service and to ensure delivery to the box. Collection is authorized by 39 U.S.C. 401, 403, and 404. Providing the information is voluntary; but, if not provided, we will be unable to provide this service to you. We do not disclose your information to third parties without your consent, except to facilitate the transaction, to act on your behalf or request, or as legally required. This includes the following limited circumstances: to a congressional office on your behalf; to financial entities regarding financial transaction issues; to a U.S. Postal Service® auditor; to

entities, including law enforcement, as required by law or in legal proceedings; to contractors and other entities aiding us to fulfill the service (service providers); to process servers; to domestic government agencies if needed as part of their duties; and to a foreign government agency for violations and alleged violations of law. Information concerning an individual box holder who has filed a protective court order with the postmaster will not be disclosed except pursuant to court order. For more information regarding our privacy policies, visit [usps.com/privacypolicy](http://usps.com/privacypolicy).

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CERTIFICATE OF AUTHENTICITY OF DOMESTIC RECORDS PURSUANT TO  
FEDERAL RULES OF EVIDENCE 902(11) AND 902(13)

I, Elizabeth, under penalties of perjury by the laws of the United States of America pursuant to 28 U.S.C. § 1746, attest that the information contained in this certification is true and correct. I am employed by U.S.P.S ("Company"), and my title is Supervisor. I am qualified to authenticate the records attached hereto because I am familiar with how the records were created, managed, stored, and retrieved. I state that the records attached hereto are true duplicates of the original records in the custody of Company. The attached records consist generally of P.O. Box Applications 1809, 30214. I further state that:

1. All records attached to this certificate were made at or near the time of the occurrence of the matter set forth by, or from information transmitted by, a person with knowledge of those matters, they were kept in the ordinary course of the regularly conducted business activity of Company, and they were made by Company as a regular practice; and
2. To the extent the records were generated by an electronic process or system, such records were generated by Company's electronic process or system that produces an accurate result, to wit:
  - a. The records were copied from electronic device/s, storage medium/s, or file/s in the custody of Company in a manner to ensure that they are true duplicates of the original records; and
  - b. The process or system is regularly verified by Company, and at all times pertinent to the records certified here the process and system functioned properly and normally.

I further state that this certification is intended to satisfy Federal Rules of Evidence 902(11) and 902(13).

7/28/21  
Date

E Hill  
Signature

